



National
Aeronautics and
Space
Administration

Change Control Request

CCR CONTROL NUMBER
(For ERB Use Only)

SECTION I - INITIATOR

1. INITIATOR (Last, First, M.I.)	2. DATE (mm/dd/yyyy)	3. INSTALLATION	4. MAIL CODE	5. TELEPHONE
6. APPLICATION	7. MODULE	8. BUSINESS PROCESS	9. DOCUMENT/PARAGRAPH REFERENCE	

10. TITLE OF PROBLEM/REQUIREMENT

11. EXPLANATION OF PROBLEM/REQUIREMENT (Continue on Separate Sheet)

12. RECOMMENDED ACTION (Continue on Separate Sheet)

13. PRIORITY LEVEL <input type="checkbox"/> Emergency (Work stoppage; critical deadline(s) in jeopardy; workaround nonexistent or unacceptable; and/or unplanned release is justified) <input type="checkbox"/> High (Work can continue but severe impact on resources; supports high priority agency initiative; and/or implementation within 6 months is justified) <input type="checkbox"/> Medium (Work can continue but moderate/minimal impact on resources; and/or implementation within 12 months is justified) <input type="checkbox"/> Low (No measurable impact on work or resources; nuisance problem; cosmetic change; and/or no specific due date)	14. EXPLANATION OF IMPACT
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SECTION II - SITE COORDINATOR

15. IMPLEMENTATION DATE (mm/dd/yyyy) <input type="checkbox"/> Requested <input type="checkbox"/> Required	16. JUSTIFICATION FOR IMPLEMENTATION DATE (Cite law, regulation, policy, etc.)
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17. SITE COORDINATOR	18. DATE (mm/dd/yyyy)	19. LOCAL CONTROL NUMBER (Optional)
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20. REMARKS

SECTION III- ENGINEERING REVIEW BOARD									
21. TYPE OF CCR					22. PRIORITY LEVEL		23. LEVEL OF EFFORT		
<input type="checkbox"/> Discrepancy Report <input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency		<input type="checkbox"/> Requirements Change <input type="checkbox"/> NASA Policy <input type="checkbox"/> User Enhancement <input type="checkbox"/> Regulatory/Statutory <input type="checkbox"/> Performance/Design		<input type="checkbox"/> Study/Analysis		<input type="checkbox"/> Emergency <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		<input type="checkbox"/> Small (Less than 80 hours) <input type="checkbox"/> Medium (80 to less than 250 hours) <input type="checkbox"/> Large (250 to less than 400 hours) <input type="checkbox"/> Extra-Large (400 hours or more)	
24. OTHER SYSTEMS AFFECTED					25. AFFECTED SYSTEM(S)				
<input type="checkbox"/> Yes (If checked, identify systems affected in Block 25.) <input type="checkbox"/> No Concurrent Releases Required <input type="checkbox"/> Yes <input type="checkbox"/> No									
28. REMARKS					26. CONSOLIDATION CENTER PROJECT MANAGER			27. DATE (mm/dd/yyyy)	
SECTION IV - CONSOLIDATION CENTER MANAGEMENT TEAM									
29. DISPOSITION									
<input type="checkbox"/> Approved as Written <input type="checkbox"/> Approved with Modifications (If checked, state reason in Block 34.) <input type="checkbox"/> Disapproved (If checked, state reason in Block 34.) <input type="checkbox"/> Hold (If checked, state reason in Block 34.)									
30. PROGRAM FUNCTIONAL MANAGER								31. DATE (mm/dd/yyyy)	
32. CONSOLIDATION CENTER PROJECT MANAGER								33. DATE (mm/dd/yyyy)	
34. REMARKS									
SECTION V - CONFIGURATION CONTROL BOARD									
35. VOTE					36. DISPOSITION OF REQUEST				
Installation	Approved	Disapproved	Abstain	Absent	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Modifications <input type="checkbox"/> Hold (If checked, state reason and action assigned in Block 37.) <input type="checkbox"/> Disapproved <input type="checkbox"/> Withdrawn				
ARC					37. REMARKS				
DFRC									
GRC									
GSFC									
HQ									
JPL									
JSC									
KSC									
LaRC									
MSFC									
SSC									
Total									
39. PRIORITY LEVEL					40. CCB CHAIRPERSON				
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low					41. DATE (mm/dd/yyyy)				
42. REMARKS									